

Rate Payer Assistance Program Application



Applicant's Name: _____ **Phone Number:** _____

Street Address: _____ **Apt./Space # :** _____

City: _____ **State:** _____ **Zip Code:** _____

Type of Residence:

(Check One Box in Each Column Below)

☐ Single Family Residence

☐ Duplex, Triplex or Four-plex

☐ Apartment

☐ Manufactured Home Park

Residence Status:

☐ Own

☐ Rent—Sewer Paid by Tenant

☐ Rent—Sewer Paid by Landlord

Name of Apartment Complex and/or Landlord:

Household Size: 1 2 3 4 5 6 7 8 Over 8
(Circle one)

List all Employment for all Residents of Household:

Employer: _____ Employer: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Amount of Annual Income: \$ _____ Amount of Annual Income: \$ _____

List Income Sources for all Residents of Household not listed above:

(Must provide proof of all income sources)

<u>Income Source</u>	<u>Amount</u>	<u>Frequency</u>	<u>Comments</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

City of Junction City

Rate Payer Assistance Program Application

Please provide proof of income as applicable, i.e. tax return, 1099's, pay stubs, etc. If you are a renter and your landlord pays for the utilities, you must provide to the City a signed Landlord's Acknowledgement and Consent to Participate form. Inability to provide such a form will make you ineligible for the program.

Applicant Disclaimer:

By signing this form, I hereby authorize the City of Junction City or its agents, access to any records in order to verify information given. I also consent to any legally authorized investigation for confirmation of that information.

If I receive financial assistance to which I am not entitled as a result of withholding information or knowingly giving fraudulent information, I must repay that assistance and may be found guilty of fraud and fined up to \$10,000 or put in prison or both. I understand that no person may be denied assistance on the basis of race, color, sex, age, handicap, religion, national origin or political belief.

Applicant's Signature: _____ Date: _____

APPLICATION DEADLINES:

Initial: October 1st

Next: December 1st

Last: February 2nd

Questions regarding this application, or the program, can be directed to
City Offices at 998-2153.

For Office Use Only

Received by: _____

Date Received: _____

Approved \$ _____ .00 **Award Amount**

Denied **Reason:** _____